

DCC Delaware Correctional Center

Date: 06/22/2005

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forware a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month sence my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested : To have my toth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 10/22/2004
Investigation Sent : 10/22/2004	Investigation Sent To : Wolken, Gina
Grievance Amount :	

Exhibit 22

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INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

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INFORMAL RESOLUTION

Investigator Name : Wolken, Gina Date of Report 10/22/2004
Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.
Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

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GRIEVANCE INFORMATION - IGC

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IGC

Medical Provider: _____ Date Assigned _____

Comments:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Forward to MGC | <input type="checkbox"/> Warden Notified |
| <input type="checkbox"/> Forward to RGC | Date Forwarded to RGC/MGC : 12/03/2004 |
| <input type="checkbox"/> Offender Signature Captured | Date Offender Signed : |

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GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

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APPEAL REQUEST

No appeal returned

REMEDY REQUEST

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GRIEVANCE INFORMATION - BGO

OFFENDER GRIEVANCE INFORMATION

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REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

DECISION

Date Received : 02/22/2005

Decision Date : 03/17/2005

Vote : Uphold

Comments :

I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.

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GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION

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DECISION

Decision Date: 06/20/2005 Vote : Uphold

Comments :

I concur with the recommendation of the BGO.

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GRIEVANCE INFORMATION - MGC

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MGC

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Hearing held 2/15/05
You were seen by the dentist and are on the waiting list for a filling.
Appeal form provided.